

Neurosurgery Archive

Group A

Done by Batool frehat

SAH

1)Most common cause of death??

Rebleeding

2)Doesn't occur before 3 days??

Vasospasm

3)Great risk for vasospasm??

Fischer 3

4)3H ??

Hypertension, hemodelution hypervolemia

Brain tumour

1)Meningioma true??

Slow growing

2)What to see?

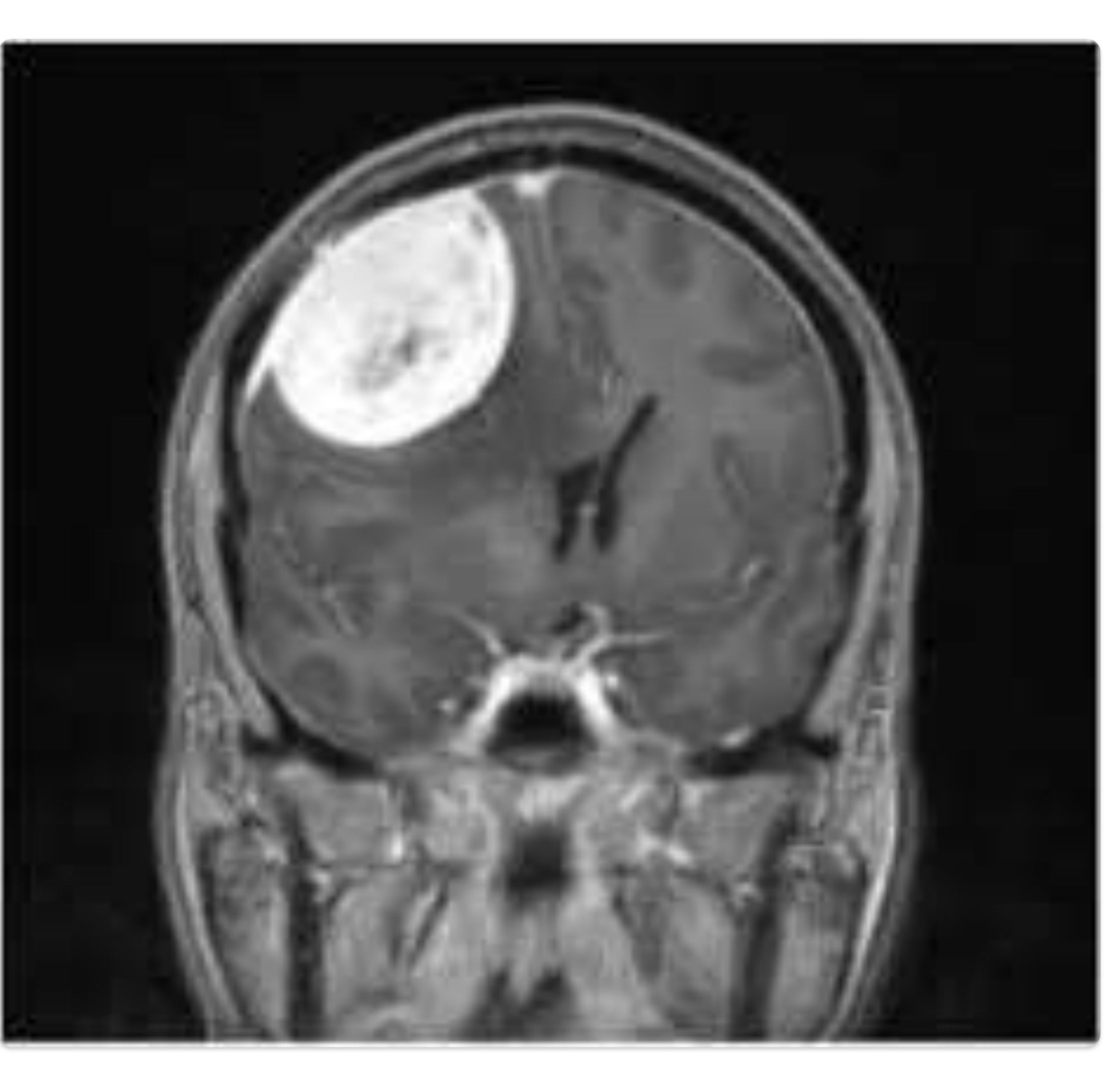
Dural tail sign

3)Best for grading??

Histopathology

4)On Histo??

Psommoma bodies



Head injury

Subdural

1)All except??

Don't cross suture

2)Indication for intubation except??

Hypoxemia

Rapid loss of consciousness

GCS<8

Skull fracture

3)Do decompression to???

Relief pressure symptoms

4)GCS ???

Open eye to painful stimuli

Displays flexion to pain

Incomprehensible sounds



Spinal injury

loss of sensation يلي بالأسود صار

Loss of sensation in lower extremities

Motor power 1/5

1)Burst fracture

2)ASIA classification? C

3)level of spinal cord injury?? C7

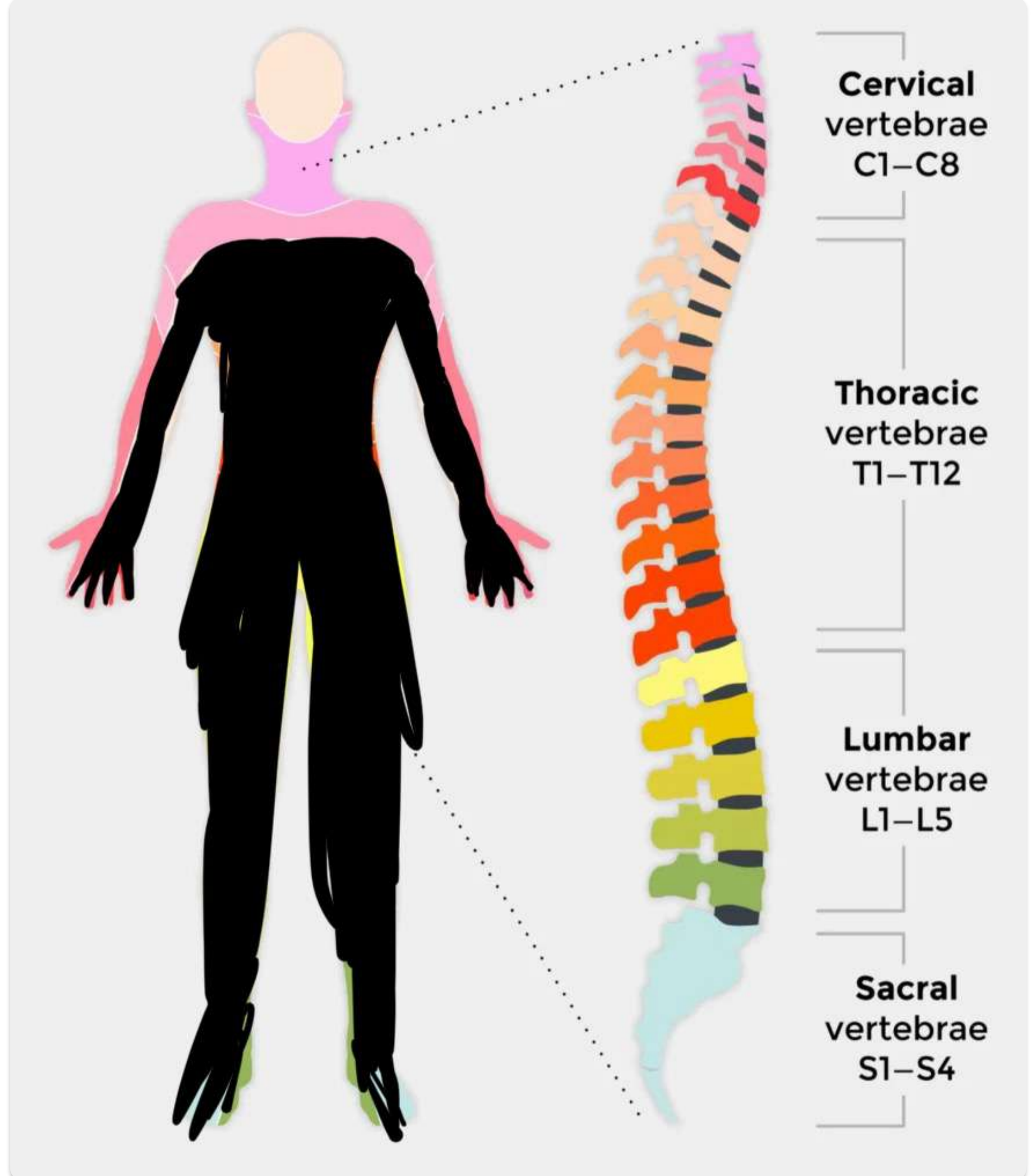
4)cause of his symptoms??

Cushing triad

Loss of parasympathetic tome

Neurogenic shock

Hypovolemic shock



ICP

Volume-pressure curve

1)point B??

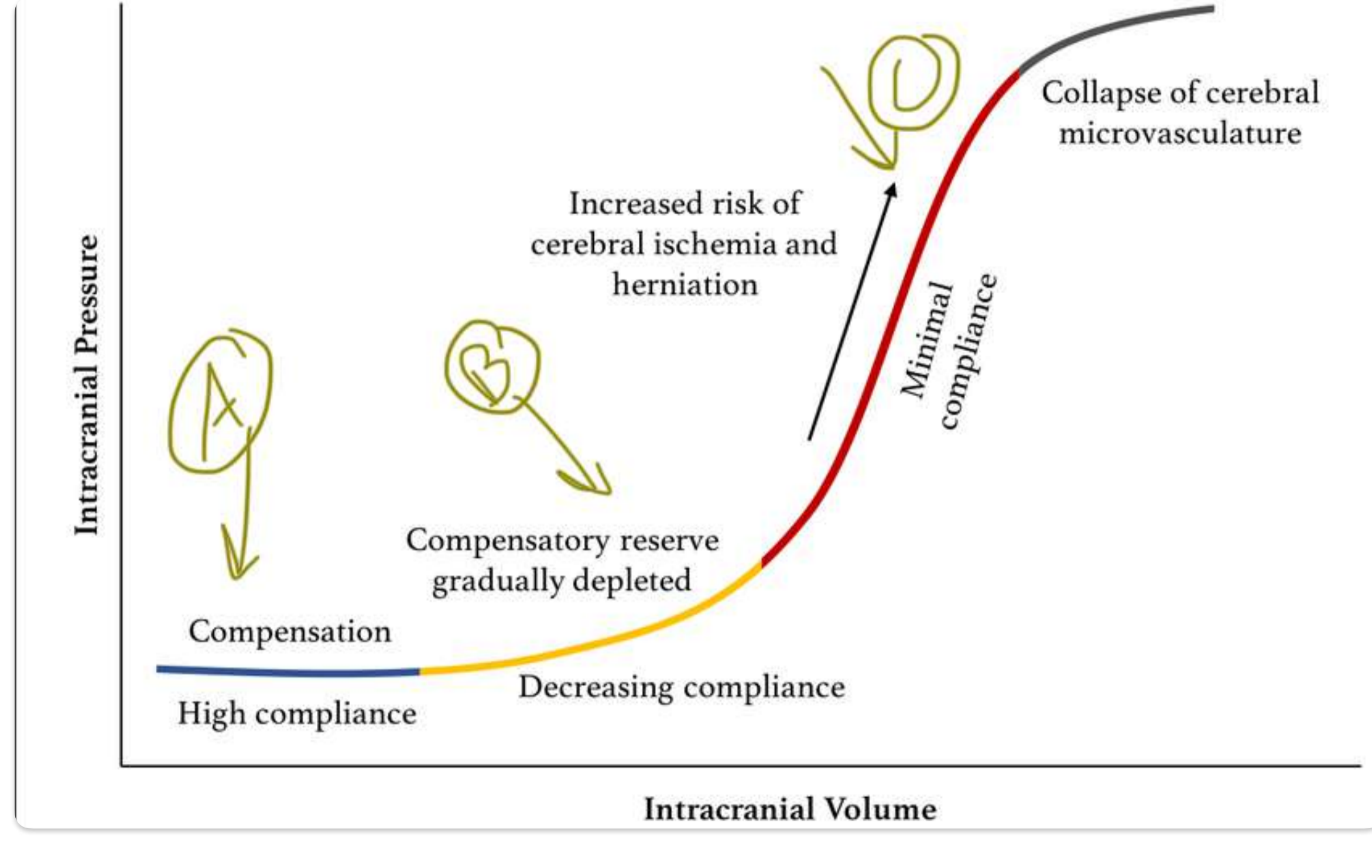
Point of decompensation

2)cause of curve A??

Vasodilation

CSF and venous blood outflow

Arterial blood outflow



Anisocoria عكس الصورة كانت

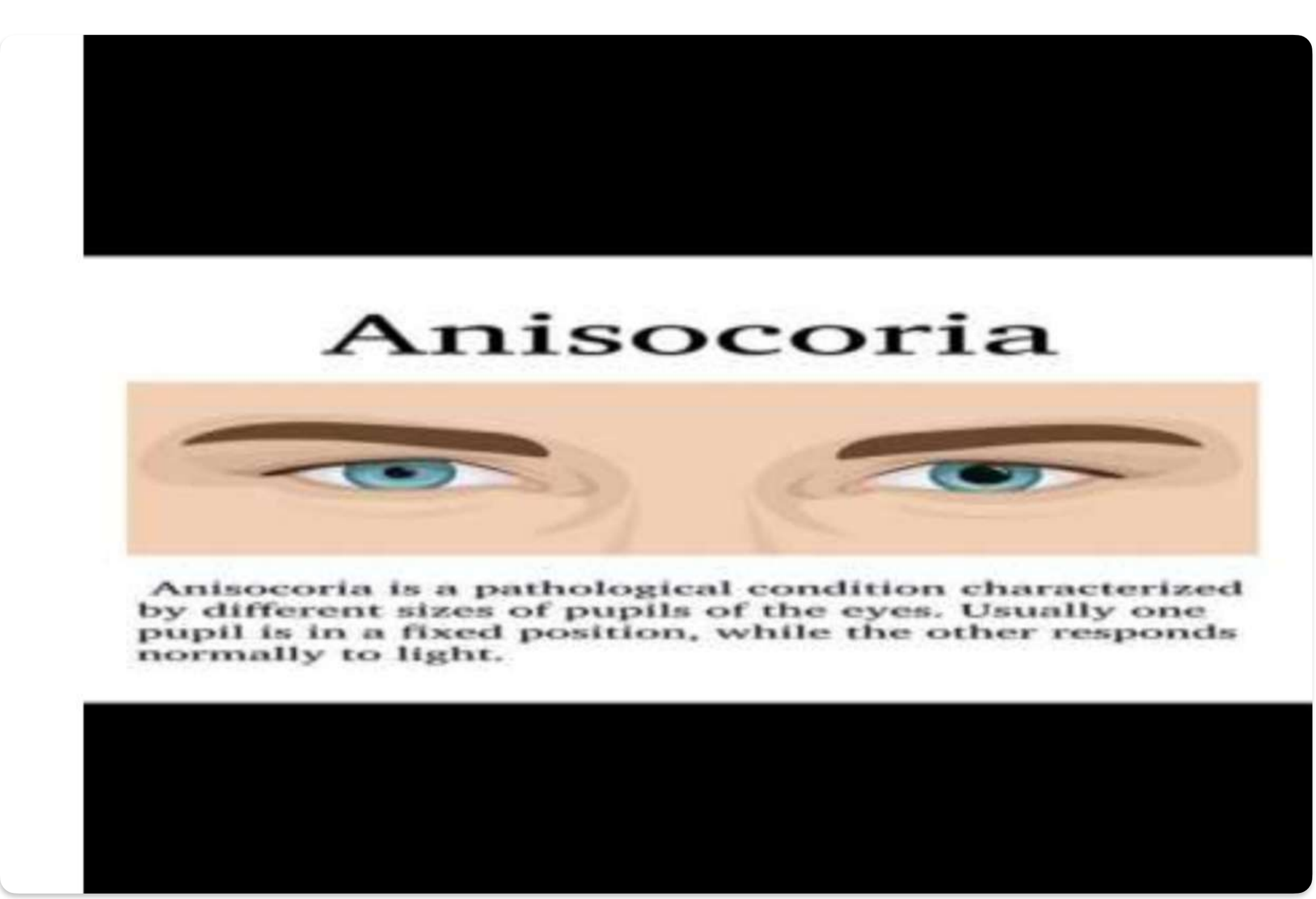
3)injury for which ??

Right oculomotor

Left oculomotor

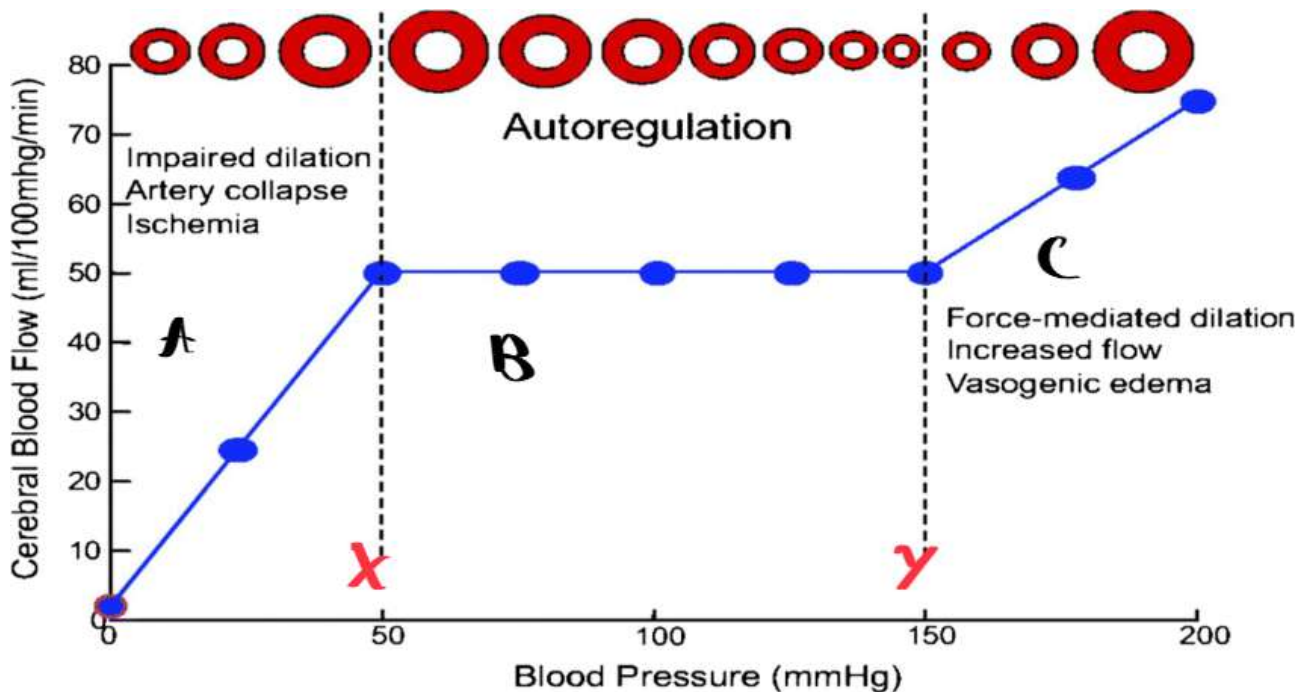
4)herniation type cause it??

Uncal herniation



Neurosurgery wateen group 2 :

Done by Tala , Hala



1. According to cerebral blood flow - pressure curve :

A) what is the type of edema in zone C : **vasogenic**

B) what is the range of MAP in case of head trauma in X and Y : **x=50 , y=70**

C) what is the mechanism to maintain zone B : **vasodilation and vasoconstriction**

D) what does zone A represent: **ischemia**



2. a case of child with astrocytoma :

- A) what is the most common site of astrocytoma : cerebellum
- B) what is the Histo pathological finding: Rosenthal fibres
- C) what is the MRI FINDING : solid and cystic component (mural nodule)
- D) what is the management : surgery



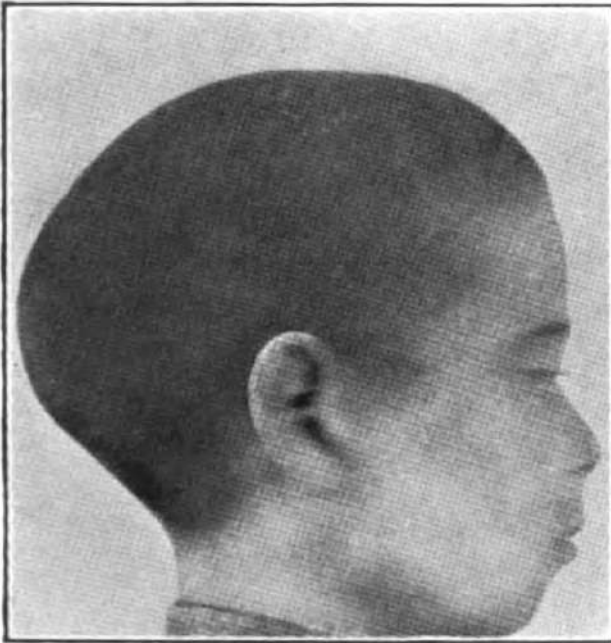
3. a case of epidural hematoma :

A) what is the shape: **lens shaped**

B) what is the affected vessel: **middle meningeal artery**

C) what's the management: **craniotomy and evacuation**

D) when to use intubation for epidural hematoma : **عليه اختلاف**



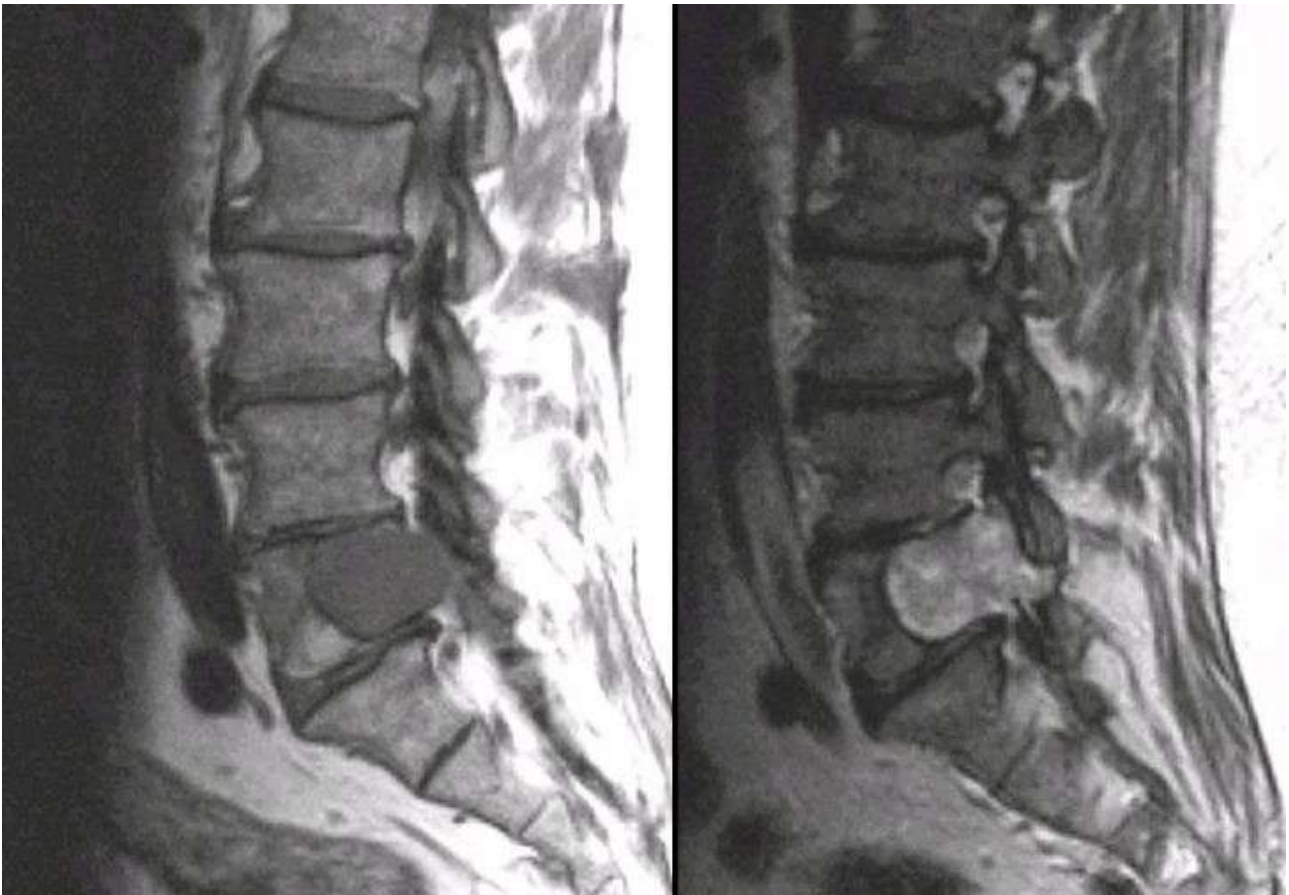
4. case about brain congenital anomaly:

A) what the name of the anomaly : **scaphocephaly**

B) which CSO most associated with multiple congenital anomaly:
brachycephaly

C) about the management of CSO all true except: **the cut is less than 1 Cm**

D) what is the preferred age for surgery: **6 month**



5. patient low back pain and move his foot from side to side in supine position:

A) according to MRI the diagnosis is : **metastasis**

B) muscle strength scale for the patient: **2**

C) level of the spinal vertebrae lesion : **T6 or T 10** عليها ختلاف

D) all of the following are part of the management except : **lower limb X-ray**

Neurosurgery

Q1



السؤال كان فيه صورتين صورة ال spine وصورة لل dermatomes وكان به نحدد ايش ال dermatomes اللي متضرر حسب صورة ال spine ما قدرت احط صورة لل dermatomes لانه اجابة الدكتور مش منطقية مع الصورة

A) which one of these dermatomes will be affected ?

B) which of the following will be affected by this compression ?

- hip flexion
- Hip extension
- Dorsiflexion
- Knee extension

Ans : dorsiflexion

C) which of the following isn't a red flag

- urinary inconstitence
- Bowel dysfunction
- knee paresthesia
- Urinary retention

D) neurogenic claudication is :

- relieved by rest
- Downhill claudication

السؤال كامل ارشيف

Brain tumour

1) Meningioma true??

Slow growing

2) What to see?

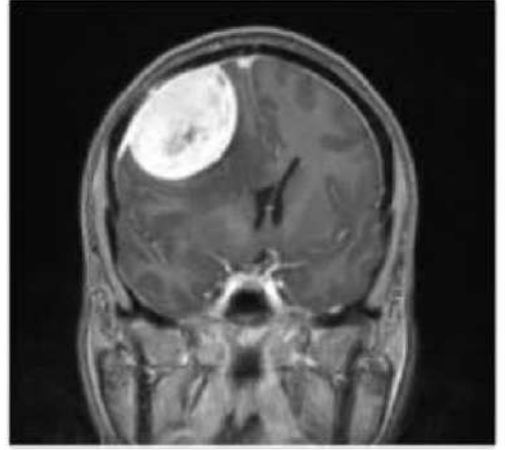
Dural tail sign

3) Best for grading??

Histopathology

4) On Histo??

Psoomma bodies



Subarachnoid haemorrhage

A) don't occur before 3 days

Vasospasm

B) which of the followings consider as subarachnoid test

- hunt and hess
- WFNS
- other test
- A+B

Ans:A+B

C) why we use CCB

- vasodilation
- Neuroprotective
- Prevent vasospasm

D) factor that favour clipping

- elderly patients
- Comorbidity
- Poor clinical grade
- Good neurological exam

Subdural haemorrhage

A) not true

Don't cross suture

B) acute feature

- crescent shape
- Hypo-dense
- Hyper-dense



Ans : hyper dense

C) management

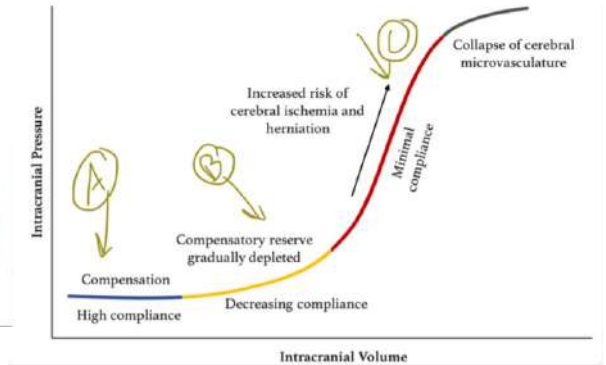
Evacuation

D) GCS

Open eye to painful stimuli display flexion to pain incomprehensible sound?

- 6
- 7
- 8
- 9

ICP



A) point C
Herniated

B) point A
Auto-regulation

C) management
ICU + ventilation+ emergency surgery

Which side of hemisphere is affected?
Right hemisphere

Neurosurgery

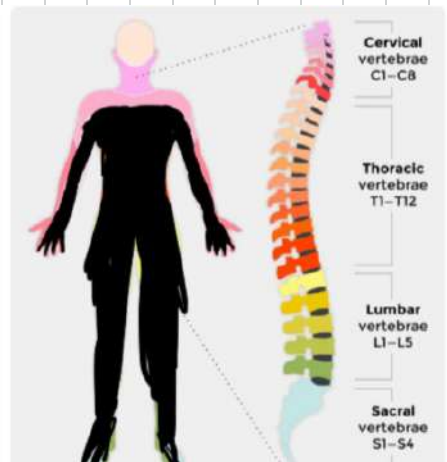
5/12/24

- 1- diagnosis
- 2- associated with which type of chiri
- 3- best imaging before operation
- 4- most common site



19 yo male suffered a high speed vehicular accident. He could not move his lower limbs. BP was 90/65 and pulse was 45. Upon physical examination, he exhibited minimal voluntary movement in lower limb (4/5), and full power in upper limb EXCEPT elbow extension and hand grasp. Sensory completely lost in the parts highlighted yellow (everything starting from chest down to lower limb)

- What caused these vitals? Sympathetic loss
- Which columns involved? 2 columns (burst fracture)
- Which reflex lost? Triceps
- ASIA score?



GCS =12

Spontaneous eye

Produce words

Localised pain

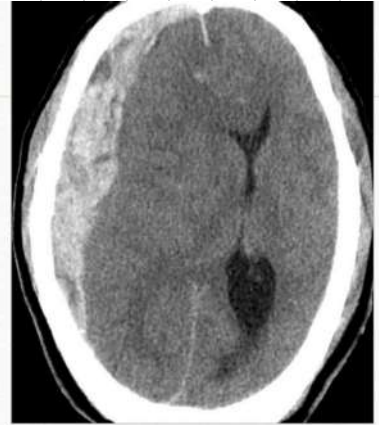
All of these are features of this except?

Cross midline

Initial investigation in emergency setting? CT scan without contrast

Management of large subdural hemorrhage with midline shift?

Surgical evacuation



anisocoria w fixed dilated right pupil - مع صورة

What's point C? Point of herniation

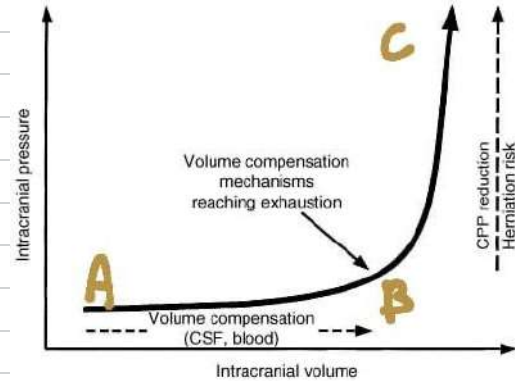
What mechanism maintains ICP at point A?

Vasodilation + vasoconstriction

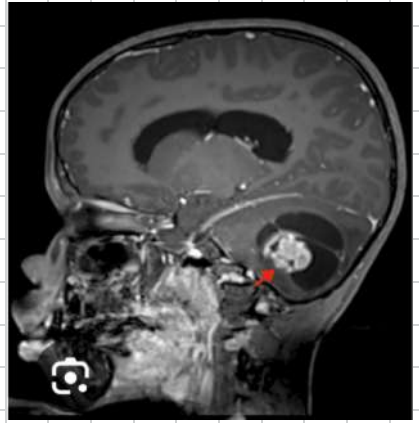
What type of herniation causes this image?

Uncal

Which nerve affected? Right oculomotor (ipsilateral)..



Microscopic: Rosenthal fibers
Grade :1



All of these are features except?
Comes from glial cells
How to confirm grade?
Histopathology/biopsy



Group 3(A+B)

By: Alham majed

1 RTA

HR=43

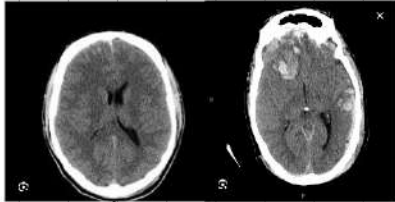
BP=180/120

Admitted ICU, ventilated

Open eye response pain

Produce sound

Extension



1) cause vital sign is abnormal? Cushing triad

2) GCS? 6

3) Dx to image? Contusion

4) tx? head elevation and mannitol

2

1) All of the following w NF2?

2) Schwannomas, one is true? Slow growing and benign

3 Prolapse () C4, C5

- 1) acute prolapse in site a?
- 2) acute prolapse in site b?
- 3) lost? Shoulder abduction



4 Subarachnoid hemorrhage

- 1) most common cause death? rebleeding
- 2) complication never occur before 3 days? Vasospasm
- 3) most common cause? trauma

Most art in epidural hematoma? MMA

What is the mean arterial pressure to prevent ischemia or to happen? 70-90

Icp= 20

Pineloma

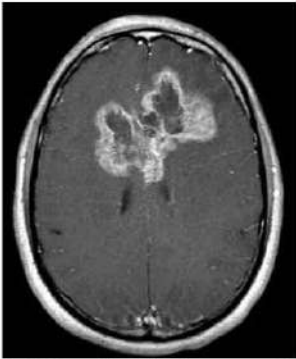
Most common primary hormone ass w pineal gland ?

Cause ?

What is not included in of parnoid triad ?

Not ass with pineloma ?skin rash

Neurosurgery Archive



- 1-Histological: pseudo palisading and central necrosis
- 2- treatment: Surgical then chemotherapy then radiophtherapy
- 3- symptoms: headache/ seiures/ hemiparesis/ (all of the above)
- 4-One of the following will mostly be associated with abscess but not glioblastoma: Renal disease/ dialysis



[pic was not the same and not sure of the answers]

- 1-Cells of this type of tumor: ependymal cells (?)
- 2- Management: surgery (?)
- 3-MC symptom with such tumor: back pain (?)

Subdural

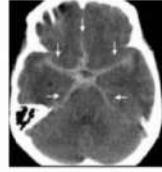
- 1)All except??
Don't cross suture
- 2)Indication for intubation except??
Hypoxemia
Rapid loss of consciousness
GCS<8
Skull fracture ✓
- 3)Do decompression to???
Relief pressure symptoms
- 4)GCS ???
Open eye to painful stimuli
Displays flexion to pain
Incomprehensible Word



What is the most common site of spontaneous cause of SAH

- A. Base of skull
- B. Intracerebral
- C. Intracranial

Ans : A



Which of the following factor favor clipping than coiling

- A. Young age
- B. Narrow neck
- C. Multipel comorbidities

Ans : A

What is the percentage of paientes dies before reach hospital

- A. 70%
- B. 35%
- C. 15%
- D. 25%

Ans: c

What the name of the anomaly?
Scaphocephaly



What is the most common craniocynosis present in male

- A. Scaphocephaly
- B. Plagiocephaly
- C. Trigonocephaly
- D. Brachiocephaly

Ans: A

What is the most type of chiari malformation present in mayelomeningocele

- A. Chiari one
- B. Chiari two
- C. Chiari three
- D. Chiari four

Ans: B

What is the most type of chiari malformation present in mayelomeningocele

- A. Chiari one
- B. Chiari two
- C. Chiari three
- D. Chiari four

Ans: B

What is the surgery of choose for CSO

- A. Strip craniectomy

بسم الله الرحمن الرحيم

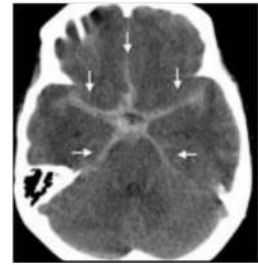
Nurosurgery archeive

Done by : Eiman Alrfou

Q1 What is the most common site of spontaneous cause of SAH

- A. Base of skull
- B. Intracerebral
- C. Intracranial

Ans : A



Q2 Which of the following factor favor clipping than coiling

- A. Young age
- B. Narrow neck
- C. Multipel comorbidities

Ans : A

Q3 What is the percentage of paientes dies before reach hospital

- A. 70%
- B. 35%
- C. 15%
- D. 25%

Ans: c

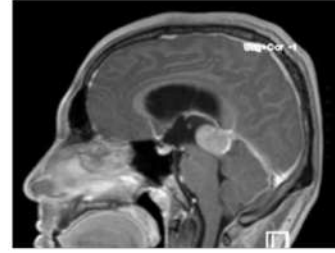
Q4 Choose the correct answare

Ans: vasospasm secondrey complication doesnt occure before 3days

Q5 Child come with this CT finding , all of the following clinical presentation of pineloma except

- A. Headche
- B. Skin rash
- C. Upward gaze

Ans : B



Q6 Which of the following hormons secreted by this gland

- A. Cortisol
- B. Melatonin
- C. HCG

Ans: B

Q7 All of the following is part of parinaud's syndrome except

- A. Upward gaze
- B. convergenace and retraction
- C. Hemianopia
- D. Pseudo-Argyl
Robertson pupil

Ans: C

Q8 Which of the following condition assoiated with pineloma

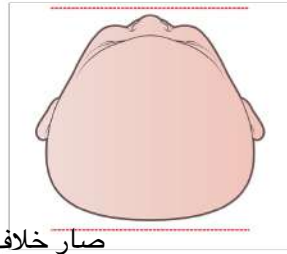
- A. Paiunad's syndrome
- B. Turcket syndrome
- C. Truncal ataxia

Ans : A

Q9 What is the presentation in this image

- A. Trigonocephaly
- B. Scaphocephaly
- C. Brachycephaly

Ans: c or B !!



صار خلاف على الاجابة فممكن تكون scapho

Q10 What is the most common craniocytosis present in male

- A. Scaphocephaly
- B. Plagiocephaly
- C. Trigonocephaly
- D. Brachycephaly

Ans: A

Q11 What is the most type of chiari malformation present in mayelomeningocele

- A. Chiari one
- B. Chiari two
- C. Chiari three
- D. Chiari four

Ans: B

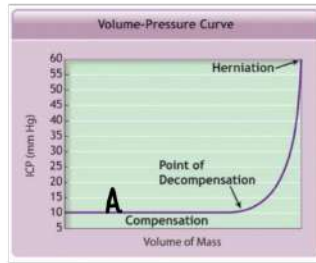
Q12 What is the surgery of choose for CSO

- A. Strip craniectomy
- B. Craniotomy and evacuation

Ans : A

Q13 What is the point A represent

- A. Decompensation
- B. Compensation
- C. Ischemia and herination



Ans: B

Q14 Type of herination is

- A. Unilateral tonsillar
- B. Bilateral tonsillar
- C. Unilateral subtenitorial
- D. Bilateral subtenitorial

Ans: c

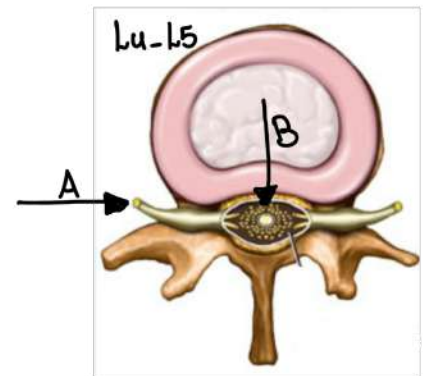
Q15 What is the cause of point of irreversibel changes (vicious cycle)

Ischemia and cytotoxic edema

Q16

which the area sensation loss when this disk herinate 10%

Antero medial leg



Q17 Which clinical feature mostly occure 90% when disk prolabs

Foot drop

Q18 chronic compression on area b cause :

Spinal cord injurey مش متأكدة

Q19 Clinical manifestation occur in case of acute compression on area b

Urine retention and saddle anesthesia

1. Female RTA with vomiting, neck stiffness, GCS 14 - all of the following can be done except:

Intubation and oxygen

2. All of the following could be present in SAH except:

Arrhythmia

3. All of the following states can undergo surgery except:

Severe coagulopathy

4. Ependymoma - the correct statement:

From ependymal cells present in ventricles and CNS

5. The most common symptom in ependymoma is:

Back pain

6. All of the following may be seen with pinealoma except:

Skin rash

7. Which hormone is affected in pinealoma?:

Melatonin

8. Which syndrome is associated with pinealoma?:

Parinaud syndrome

9. All of the following may be present in Parinaud syndrome except:

Hemianopia

10. Ependymoma is associated with:

NF2

11. Which tumor occurs in the ventricles and filum terminale?:

Ependymoma

12. 60-year-old patient suddenly has seizures with enhancing lesion - most likely cause?:

Metastasis

13. Main difference between low-grade astrocytoma and glioblastoma multiforme?:

Presence of central necrosis in glioblastoma

14. Most common site of saccular aneurysm?:

Anterior communicating artery (ACOM)

15. Most common intra-axial tumor from glial cells with calcification?:

Oligodendroglioma

16. All of the following tumors contain mural nodules in children except:

Hemangioblastoma

17. Most common presentation of acute cauda equina compression?:

Urinary retention and saddle paresthesia

18. Condition associated with chronic cauda equina compression?:

Neurogenic claudication

19. If 10% of the nerve is affected (L4), which area is involved?:

Anteromedial part of the leg

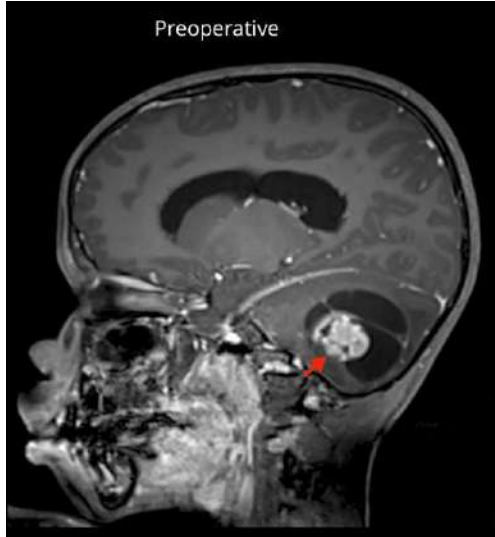
20. If 90% of the nerve is affected (L5), what occurs?:

Foot drop

Neurosurgery Archive (C+D)

[All the pictures in here are not the exact pictures, but the most close to them]

[MCQ]



- 1- A child with this radiograph, diagnosis: Pilocystic astrocytoma
- 2- Type of the lesion: Cystic with mural nodule
- 3- What does this radiograph shows: Obstructive (Non-communicating) hydrocephalus
- 4- If the patient's state was deteriorating, what is your management: EDV (اغلب حكوا هاي)
(الصح)



[A long case describing the patient's signs and symptoms, but he had hyperreflexia, numbness in the forearm and the middle finger, and the elbow was moving on the bed sheet only...]

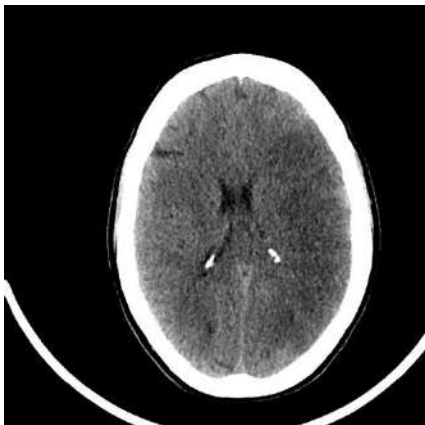
- 1- Answer: Myelopathy with radiculopathy

- 2- Treatment: surgery
- 3- Level: C7
- 4- Grade of elbow extension: grade 3



[pic was not the same and not sure of the answers]

- 1-Cells of this type of tumor: ependymal cells (?)
- 2- Management: surgery (?)
- 3-MC symptom with such tumor: back pain (?)



[A long case of a man that has been in an RTA, came to the ER after 3 hours in a coma, no head trauma detected, BP (??) (was low).....]

- 1-What does this CT (near the pic above) indicate: Cytotoxic edema
- 2- What caused it? Ischemia (the cause of cytotoxic edema)
- 3-what type of shock did this patient experience: Hemorrhagic shock
- 4-What would you treat this patient based on his initial presentation: Hypertonic saline 23%



- 1-Histological: pseudo palisading and central necrosis
- 2- treatment: Surgical then chemotherapy then radiotherapy
- 3- symptoms: headache/ seizures/ hemiparesis/ (all of the above)
- 4-One of the following will mostly be associated with abscess but not glioblastoma: Renal disease/ dialysis